## BEST AVAILABLE COPY

	MULTIPLE DEPENDENT CLAIM				107031025				FILING	2440			
	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					APPLICA	APPLICANT(S)				Turkel		
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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		*		<u> </u> *	
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